

**Department of Land Management  
Building and Zoning Division  
116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968**



**Phone:** (631) 287-5700  
**Fax:** (631) 287-5754

**ANNA THRONE-HOLST**  
TOWN SUPERVISOR

**KYLE P. COLLINS, AICP**  
TOWN PLANNING AND  
DEVELOPMENT ADMINISTRATOR

**MICHAEL BENINCASA**  
CHIEF BUILDING INSPECTOR

## **SOLDER AND ANTI-SCALD CERTIFICATION**

Date: \_\_\_\_\_

Building Permit No.: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner: \_\_\_\_\_  
(Please Print)

Plumber: \_\_\_\_\_  
(Please Print)

I certify that the solder used in the water supply system contains less than 2/10 of 1% lead as per 605.15.3 of the Plumbing Code of New York State.

I also certify that I installed an anti-scald and/or thermal shock preventing device at all bathing and/or showering fixtures in conformance with section 424.4 of the Plumbing Code of New York State, to mitigate the potential hazards due to shower valves that allowed surges of high temperature water to flow from the shower head.

Plumbers or Homeowners Signature

Please Check One.

- ☐ I certify I am the licensed plumber (License # \_\_\_\_\_) that installed all of the plumbing on the above referenced premises.
- ☐ I certify I am the homeowner and I personally installed all the plumbing on my above referenced premises.

Plumbers or Homeowners Signature

Sworn to me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Original Notary Signature, \_\_\_\_\_

County \_\_\_\_\_

Seal:

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# TOWN OF SOUTHAMPTON



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## GAS SUPPLY LINE INSTALLATION CERTIFICATION

Date: \_\_\_\_\_

Building Permit No. \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner: \_\_\_\_\_  
 (Please Print)

Plumber: \_\_\_\_\_  
 (Please Print)

I certify that the Gas supply lines have been installed and tested in accordance with the Fuel Gas Code of New York State including section 404 and 406.

Installation:

- ☐ Residential Installation
- ☐ Commercial Installation

Please Check Combustion Appliance Installed:

- ☐ Heating Equipment
- ☐ Hot Water Heater
- ☐ Fireplace/Stove
- ☐ Other : \_\_\_\_\_

Test Pressure \_\_\_\_\_ Test Duration: \_\_\_\_\_

Results: \_\_\_\_\_

I certify I am the licensed plumber (License # \_\_\_\_\_) that installed all Gas supply lines on the above referenced premises.

\_\_\_\_\_  
 Plumbers or Homeowners Signature

Sworn to me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Original Notary Signature, \_\_\_\_\_

County \_\_\_\_\_

Seal: